

VIRGINIA BEACH DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF ENVIRONMENTAL HEALTH  
4452 Corporation Lane  
Virginia Beach, VA 23462  
(757) 518-2646  
FAX (757) 518-2642

APPLICATION FOR FOOD SERVICE PERMIT  
THIS IS NOT A PERMIT TO OPERATE

NOTE: Please allow 3-5 working days when calling for inspection. Complete both back and front of application and attach the required \$40.00 fee. THIS APPLICATION WILL NOT BE PROCESSED UNLESS FULLY COMPLETED, BOTH BACK AND FRONT.

**PLEASE SUBMIT THIS ORIGINAL COLORED APPLICATION ONLY, NOT A COPY**

Date: \_\_\_\_\_

PURPOSE: ☐ New Establishment ☐ Name Change - Formerly Trading as: \_\_\_\_\_  
☐ Renewal ☐ Owner/Corporation Change

ESTABLISHMENT NAME: \_\_\_\_\_ ESTABLISHMENT PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUITE # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ESTABLISHMENT FAX: \_\_\_\_\_ ESTABLISHMENT EMAIL: \_\_\_\_\_

**MAILING ADDRESS (if different from above)** \_\_\_\_\_  
City State Zip

Is this food establishment located within a hotel or motel: ( ) Yes No ( ) If yes, name of hotel/motel: \_\_\_\_\_

Name of Establishment Manager: \_\_\_\_\_

CORPORATE NAME (if applicable) \_\_\_\_\_ CONTACT PERSON/OWNER: \_\_\_\_\_  
(Inc, Enterprise, LLC., etc.): \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_  
CORPORATE ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

TYPE OF OPERATION OF OPERATION: Restaurant ☐ School ☐ Daycare ☐ Mobile ☐ Other \_\_\_\_\_  
Yearly ☐ Seasonal ☐ Months of Operation: \_\_\_\_\_  
Days of Week: M T W T F S S Hours of day: \_\_\_\_\_

Number of seats: \_\_\_\_\_ Non Smoking Area: Yes or No ABC License: Yes or No

Type of Water Supply: Well Water or City Water Type of Sewage Disposal: City Sewage or Septic System  
If well water provide PWS ID#: \_\_\_\_\_

Name(s) and Expiration Date(s) of Certified Food Manager(s): \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
\_\_\_\_\_ Exp. Date: \_\_\_\_\_

If Mobile Unit or Concession Stand: Name of Commissary: \_\_\_\_\_ Permit #: \_\_\_\_\_  
Address of Commissary: \_\_\_\_\_  
City State Zip

**Attach to this application the agreement form signed by the commissary owner, location of mobile stops and menu.**

\*\*\*\*\*  
HD USE ONLY: Permit #: \_\_\_\_\_ Census Tract: \_\_\_\_\_ Area: \_\_\_\_\_ EHS: \_\_\_\_\_  
Perm Dates \_\_\_\_\_ to \_\_\_\_\_ Encounter # \_\_\_\_\_  
Month Month

\*\*\*\*\*  
PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION  
Rev. 12/6/06

**AS A CONDITION FOR RECEIPT OF THE PERMIT I AGREE TO:**

1. Read and be familiar with the laws, orders, rules and regulations, etc. governing the handling of food in the City of Virginia Beach.
2. Abide by the conditions of such laws, orders, rules, regulations, etc.
3. Freely permit any authorized agent of the Department of Health to inspect the premises under my control and at such time to take samples therefrom as may be necessary.

**I FURTHER UNDERSTAND THAT:**

1. Health Department food establishment permits must be renewed annually and that there is a \$40.00 Risk Assessment fee.
2. *Permits cannot be transferred from one operator to another or from one location to another. The Health Department must be notified of any sale or change of ownership.*
3. Permits are subject to revocation for just cause.
4. The Health Department must be notified when the applicant ceases to be responsible for the establishment.
5. *All food establishments in Virginia Beach are required by City Code to have a Certified Food Service Manager on duty for a minimum of eight hours for each day the establishment is open. Certified Food Managers must be registered with the Virginia Beach Department of Public Health.*
6. If any menu changes occur, the Virginia Beach Department of Public Health must be notified.
7. Owner must notify the Health Department if establishment changes hours of operation or months of operation. Permit is VOID if Health Department is not notified.

This application is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Name) PLEASE PRINT CLEARLY